I OKWI D			OWID AP	PROVAL
1	UNITED STATES		OMB Number:	3235-0076
·	SECURITIES AND EXCHANGE COMMIS		Expires: Decemb	
	Washington, D.C. 20549		Estimated average per esponse	ge burden hours 16.00
. 214 1110	FORM D	OCT 282	104 SEC US	E ONLY
150001	NOTICE OF SALE OF SECURITIES		Prefix/	Serial
	PURSUANT TO REGULATION D,			1
	SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMP	TION 202	DATE R	ECEIVED
Name of Offering (check if this Salt Lake City Portfolio	s is an amendment and name has changed, and indicate of	change.)		
Filing Under (Check box(es) that ap	oply):		(88) (88) (100 aug. s.	

alt Lake City Portfolio	
iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) U ype of Filing: New Filing Amendment	LOE
A. BASIC IDENTIFICATION	ON DATA 04048367
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and ind SKB-SLC Investments, LLC	PROCEON
Address of Executive Offices (Number and Street, City, State, Zip Code) 1211 SW Fifth Avenue, Suite 2250, Portland, OR 97204	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Coder INANCIAL
Brief Description of Business To fund the acquisition of a multi-location office and inceprovo, Utah	dustrial portfolio in Salt Lake City and
Type of Business Organization corporation business trust limited partnership, already limited partnership, to	Kanadi — — — — — — — — — — — — — — — — — — —
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter for Canada; FN for other foreign jurisdiction)	Month Year 1 0 0 4 Actual Estimated U.S. Postal Service abbreviation for State: (CN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of a federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Enter the information requested for the following:

Check Box(es) that Apply:

Each promoter of the issuer, if the issuer has been organized within the past five years.

Each executive officer and director of corporate issuers and corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) ScanlanKemperBard Companies Business or Residence Address (Number and Street, City, State, Zip Code) 1211 SW Fifth Avenue, Suite 2250, Portland, Oregon 97204 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Director General and/or Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer

Director

General and/or

Managing Partner

Beneficial Owner

Promoter

					-,···					Vac		Na	
1.	Has the issue	r sold, or does	the issuer in	itend to sell, to	non-accredite	d investors in t	his offering?			Yes		No ⊠	
				Answ	er also in appe	endix, Column	2, if filing und	ler ULOE.					
2.	What is the n	ninimum inves	tment that w	ill be accepted	from any indi-	vidual				\$	<u>o</u>		
										•,	_		
3.	Does the offe	ring permit io	int ownershir	of a single u	nit?					Yes ⊠		No □	
4.	Enter the info	rmation requi	etad for and	nercan who h	ne heen or wil	l be paid or giv	on directly or	indirectly	nny aommia	sion or simila	r ramunard	tion for	
7.						offering. If a							
						f the broker or							
	of such a bro	ker or dealer,	you may set	forth the infor	mation for that	broker or dea	ler only.						
Full 1	Name (Last na	me first, if inc	lividual)	,		····							
				Robert D.;	Gooding,	Todd M.							
				-	ate, Zip Code)								
	SW Fifth), Portlan	d, Oregon	97204							
	Securitie		eater										
States					licit Purchaser								
	(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(III)	[[]]]	
[II]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (Last na	me first, if inc	lividual)										
	ker, Robert W												
				-	ate, Zip Code)				•			
	SW Fifth Ave			d, OR 97204			· ·					 	
	e of Associated		eater										
States	s in Which Per	rson Listed Ha	s Solicited or	r Intends to So	licit Purchaser	S							
	(Check "	All States" or	check indivi	dual States)				• • • • • • • • • • • • • • • • • • • •	. All St	ates			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if inc	dividual)										
	on, Robert W												
					ate, Zip Code)							
	SW Fifth Av			d, OR 97204									
	e of Associated erson Securitie		ealer										
		****	s Solicited or	r Intends to So	licit Purchaser	'S							
	(Check '	'All States" or	check indivi	dual States)					All Si	ates			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[QR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		ne first, if inc	•									
Hake,	Richard	E., Roesl	er, Paul									
Business	s or Residen	ce Address (l	Number and S	Street, City, St	ate, Zip Code)							
45 Kip	pling Cou	rt, Mill	Valley, (California	94941							
Name o	f Associated	Broker or D	ealer	-								
Kiplin	ng Capita	1, Inc.										
States in	Which Pers	son Listed Ha	s Solicited or	r Intends to Sol	licit Purchasers	3						
	(Check "A	All States" or	check indivi	dual States)	• • • • • • • • • • • • • • • • • • • •				.□ All St	ates		
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IF]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]_	[WI]	[WY]	[PR]
Eull Mo	Full Name (Last name first, if individual)											
	•	•	iividuai)									
	s, Elizabeth			C C': C.	R'- C-1-							
		•		Street, City, St d, OR 97204	ate, Zip Code)							
		Broker or D		u, OR 9/204								
	curities	Blokel of D	ealei									
		oon I inted II.	a Colinitad a	r Intends to So	liait Durchasan							
States II						•			C All Se	atec		
	(Check "All States" or check individual States)											
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	(FL)	(GA)	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[U]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
					[UT]	[VT]		[WA]	[WV]	rwn	[WY]	-
[IL]		[IA]			[NM]	[NY]	[MD]	[MA] [ND]	[OH]	[MN] [OK]	[MS] [OR]	[MO]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if

	answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	<u>e</u>	Amount Already Sold
	Debt	<u>\$</u> \$0		<u>\$</u> \$0
	Convertible Securities (including warrants)	\$ <u>0</u> \$19,016,1 \$ <u>0</u>	- 79 -	\$ <u>0</u> \$ 12,246,179 \$
	Total	\$ <u>19,016,1</u>	79	\$ 12,246,17
	Answer also in Appendix, Column 3, if filing under ULOE			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	72 0		\$ <u>12,246,179</u> \$ <u>0</u>
	Total (for filings under Rule 504 only)	N/A		\$ <u>N/A</u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issued date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Cl securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	N/A N/A N/A		\$N/A \$N/A \$N/A
	Total	N/A	-	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offeri Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to futu contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	ге		
	Transfer Agent's Fees			\$ <u> 0</u>
	Printing and Engraving Costs			\$ <u>0</u>
	Legal Fees			\$0
	Accounting Fees			\$ <u>0</u> \$ 0
	Sales Commissions (specify finders' fees separately) SKB Securities & Kipling Capital		\boxtimes	\$0 \$570,485
	Other Expenses (identify)			\$ <u>0</u>
	Total		\boxtimes	\$570,485

•	b.	expenses furnished in response to Part C.	e offering price given in response to Part C - Question 1 a - Question 4.a. eeds to the issuer."		445.694
5.	purposes estimate.	elow the amount of the adjusted gross processhown. If the amount for any purpose is no	eeds to the issuer used or proposed to be used for each of at known, furnish an estimate and check the box to the lef the adjusted gross proceeds to the issuer set forth in resp	f the ft of the	<u>,</u>
				Payment Officers, Directors, & <u>Affiliates</u>	
	Purchase Purchase Construct	of real estaterental or leasing and installation of machinion or leasing of plant buildings and facilitie	ery and equipment	\$0 \$0	\$\ 0 \$\ \\$15,150,194 \$\ 0 \$\ 0
	pursuant Repayme Working	nt of Indebtedness		\$ <u> </u>	□ \$ <u>0</u> □ \$ <u>0</u> □ \$ <u>1,850,000</u> □ \$ <u>777,030</u>
	Column 1			\$ <u>0</u> \$ 668,470	☐ \$ <u>0</u> ⊠ \$17,777,224
	Total Pay	ments Listed (column totals added)		\boxtimes	\$18,445,694
	-		D. FEDERAL SIGNATURE		
an ı	ındertaking		undersigned duly authorized person. If this notice is filed es and Exchange Commission, upon written request of its le 502.		
		or Type) Investments, LLC	Signature A A A	Date /0/s	27/04
N	ame of Sigi	ner (Printer or Type)	Title of Signer (Print of Type)	·	
N	. Thomso	n Bard, Jr.	Member, ScanlanKemperBard Companies,	LLC, Operation	ng Manager

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) of such rule?		
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to at such times as required by state law.	any state administrator of any state in which this	notice is filed, a notice on Form D (17 CFR 239.500)
3.	The undersigned issuer hereby undertakes to furnish to	the state administrators, upon written request, in	formation furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is fan Exemption (ULOE) of the state in which this notice is establishing that these conditions have been satisfied.		
	e issuer has read this notification and knows the contents or son.	be true and has duly caused this notice to be si	gned on its behalf by the undersigned duly authorized
,		1	
Iss	ssuer (Print or Type)	gnature	Date
SF	SKB-SLC Investments, LLC	TXXXXXX	10/27/04
Na	Name of Signer (Printer or Type) T	the of Sigher (Print or Type)	
N	N. Thomson Bard. Jr.	ember. ScanlanKemperBard Companies	s. LLC. Operating Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	to non-a	I to sell accredited as in State I-Item 1)	Type of Security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL	 	 						 			
AK			LLC Membership Interests				,				
AZ		x	LLC Membership Interests	1	4,000,000						
AR	T										
CA	_	X	LLC Membership Interests	32	3,296,179						
со		X	LLC Membership Interests	1	150,000						
CT		х	LLC Membership Interests	2	200,000						
DE											
DC											
FL											
GA	<u></u>										
HI	<u> </u>										
ID		,									
IL		X	LLC Membership Interests	2	250,000						
IN											
IA											
KS		X	LLC Membership Interests	1	150,000						
KY	ļ	-	<u> </u>					-	ļ		
LA ME	_	-							 		
ME	-			 	 	_					
MA	 	 	 					 -	 		
MI	 	-	 	 	 				 		
MN	+	-									
MS	 -	 		 		 		-			
MO	1	 	 	 	+			<u> </u>	 		
MT								1	1		
NE	1 -	1						1	1		
NV		X	LLC Membership Interests	2	350,000		 -				
NH	+	+		 	 				 		

NJ.							
NM		 		-			<u> </u>
, NY							
NC				- 			
ND							
OH							
OK							
OR	х	LLC Membership Interests	23	2,665,000			
PA	X	LLC Membership Interests	1	250,000			
RI							
SC							
SD							
TN							
TX							
UT	X	LLC Membership Interests	1	200,000			
VT							
VA	X	LLC Membership Interests	1	125,000			
AW	Х	LLC Membership Interests	4	535,000			
WV						1	
WI							
WY							
PR							

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, **SKB-SLC Investments, LLC**, a limited liability company to be organized under the laws of **Oregon**, for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

N. Thomson Bard, Jr. Member ScanlanKemperBard Companies, LLC Operating Manager SKB-SLC Investments, LLC 1211 SW Fifth Ave., Suite 2250 Portland, OR 97204

Place an "X" before the name of all the States for which the person executing this form is appointing the designated Officer or that State as its attorney in that State for receipt of service of process:

	ALABAMA	Secretary of State	GEORGIA	Commissioner of Securities
X	ALASKA	Administrator of the Division of Banking and Corporations,		
		Department of Commerce and Economic	GUAM	Administrator, Department of Finance
••	. DISCOUL	Development	_X_ HAWAII	Commissioner of Securities
X	ARIZONA	The Corporation Commission	X IDAHO	Director, Department of
	ARKANSAS	The Securities		Finance
	_	Commissioner	X_ ILLINOIS	Secretary of State
<u>X</u>	CALIFORNIA	Commissioner of Corporations	INDIANA	Secretary of State
<u>X</u>	COLORADO	Securities Commissioner	IOWA	Commissioner of Insurance
<u>X</u>	CONNECTICUT	Banking Commissioner	_XKANSAS	Secretary of State
	DELAWARE	Securities Commissioner	KENTUCKY	Director, Division of Securities
<u>X</u>	DISTRICT OF			Securities
	COLUMBIA	Public Service Commission	LOUISIANA	Commissioner of Securities
<u>X</u>	_ FLORIDA	Department of Banking and Finance		

	MAINE	Administrator, Securities Division	<u>X</u>	OREGON	Director, Department of Insurance and Finance
<u>X</u>	MARYLAND	Commissioner of the Division of Securities	<u>X</u>	OKLAHOMA	Securities Administrator
<u>X</u>	MASSACHUSETTS	Secretary of State	<u>X</u>	PENNSYLVANIA	A Pennsylvania does not require filing of a Consent to Service of
<u>X</u>	MICHIGAN	Administrator, Corporation and Securities Bureau,		PUERTO RICO	Process Commissioner of
		Department of Commerce			Financial Institutions
	MINNESOTA	Commissioner of Commerce		RHODE ISLAND	Director of Business Regulation
	MISSISSIPPI	Secretary of State	<u>X</u>	SOUTH CAROLINA	Secretary of State
	MISSOURI	Securities Commissioner		SOUTH DAKOTA	·
<u>X</u>	MONTANA	State Auditor and Commissioner of			of Securities
		Insurance		TENNESSEE	Commissioner of Commerce and Insurance
	NEBRASKA	Director of Banking and Finance	<u>X</u>	TEXAS	Securities Commissioner
<u>X</u>	_NEVADA	Secretary of State	<u>X</u>	UTAH	Director, Division of Securities
	NEW HAMPSHIRE	Secretary of State		VERMONT	Secretary of State
<u>X</u>	_NEW JERSEY	Chief, Securities Bureau	X	VIRGINIA	Clerk, State Corporation
<u>X</u>	NEW MEXICO	Director, Securities Division			Commission
x	NEW YORK	Secretary of State	<u>X</u>	WASHINGTON	Director of the Department Licensing
<u>X</u>	NORTH CAROLINA	Secretary of State		WEST VIRGINIA	Commissioner of Securities
	NORTH DAKOTA	Securities Commissioner		WISCONSIN	Commissioner of Securities
	ОНЮ	Secretary of State	<u>X</u>	WYOMING	Secretary of State

Dated this 29th Day of September, 2004

SKB-SLC Investments, LLC By: ScanlanKemperBard Companies, LLC Operating Manager

(SEAL)

N. Thomson Bard, Jr.,

Member

CORPORATE ACKNOWLEDGMENT

State of Oregon)
)ss.
County of Multnomah)

On this 27th day of October, 2004, before me, Margaret Hill, the undersigned, personally appeared N. Thomson Bard, Jr., known personally to me to be a member of the above named company and acknowledged that he, as a principal and member being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the company by himself as an officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

OFFICIAL SEAL

MARGARET M HILL

NOTARY PUBLIC OREGON

COMMISSION NO. 3611110

MY COMMISSION EXPIRES SEPT 10, 2006

Notary Public/Commissioner of Oaths

My Commission Expires September 10, 2006

(SEAL)